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EDITORIAL

DR. ISADORE DYER.

On October the twelfth, in the morning, a few hours before the time at which the writer expected to meet his co-editor in order to arrange the material for the present number of the JOURNAL, Isadore Dyer was called unexpectedly by a Higher Power. It seems unbelievable that one who was so active, who appeared so strong, who was so useful, nay, so much needed should thus suddenly be taken away from us!

Born in Galveston, Texas, not quite fifty-five years ago, he lived in New Orleans nearly thirty years, having first obtained his Ph. B. degree from Yale and the M. D. from Tulane. His attention was early directed to dermatology, and before settling in New Orleans, he had served as interne in the New York Skin and Cancer Hospital.

It is as a dermatologist that he was first known and it is as such and especially as an authority on leprosy that he became most generally and internationally known. His versatility is well established by the fact that he at various times acted in the capacity, always making good, of lecturer on skin diseases in Tulane, Secretary and Professor of skin diseases in the New Orleans Polyclinic, Secretary of the N. O. Sanitarium, Co-editor of this JOURNAL, president of the local and the state medical society, Associate dean and Professor of the Tulane School of Medicine, dean of the same school and of the School of Pharmacy, co-editor of the *American Journal of Tropical Diseases,* and an army medical officer, holding the rank of Colonel at the time of his death.

He was, of course, a member of all local, state and national medical societies of moment, often had served as an officer of such, and frequently represented various medical interests at national and international conventions.

His labors as dean of the School of Medicine deserve special mention and recognition. To them are due in great part the lofty standards of Tulane medically and the high standing of the College. For the last dozen years this has been probably the work nearest his heart. His place in the institution, no matter how worthy his successor, can scarcely ever be really filled. Respected and esteemed by his faculty, admired and confided in by the Board of Administrators, he was popular with and beloved of the students.

Dr. Dyer was a prolific writer for many years, not only in his specialty nor yet on medical subjects alone, editorially or otherwise, but in the broader fields of literature, not omitting poetry at which he was no mean adept. He had a facile pen, a rather ornate style, yet the happy faculty of driving home the particular truth he was trying to inculcate.

A man of tact and judgment, of courtly manners, firm though gentle, kind *par excellence,* he quickly gained influence and authority among the members of any body, large or small, of which he formed a part.

Having had the privilege of being a colleague and co-worker of his for about twenty-five years in the Polyclinic, the Sanitarium, on this JOURNAL, later in the University and on the *Tropical Journal,* we may be permitted to express our deep appreciation of

the many sterling qualities of our friend, our sincere grief at his loss, and our heartfelt sympathy for the loved ones he has left behind. *Requiescat in pace!*

FASTING.

The hunger strike now going on in Ireland has attracted general attention to the subject of fasting. As this is written the Mayor of Cork is said to have gone nearly seventy days without food. The long duration of the fast has led some to doubt whether it has been rigidly observed, especially as it has been estimated that the average individual can stand the total absence of food during about three weeks.

However, a study of the subject reveals the fact that a number of observations are on record as to cases of fasting for from 30 to 50 days. Many of our contemporaries will remember our own Tanner who fasted 40 days and came out none the worse for it as he died at past ninety years of age. Invalids and insane persons have done better, one of the latter according to Devillers, having gone 76 days without food.

It must be remembered that circumstances alter cases. The condition of the faster, both as to the soundness of organs and the mental state, has a good deal to do with the duration of his resistance. All else equal, the healthier and the better nourished he has been the longer he can last. The one whose fast is compulsory, the result of accident, such as shipwreck, does less well as his anxiety, exposure, effort of different kinds, use up his reserve more rapidly and often he succumbs in ten or twelve days. On the other hand, rest in the recumbent position, mental calmness and determination, the care and attention such as are lavished on the Irish mayor, all tend to increase the resistance and render possible the prolonged fast which he has endured.

Fortunately, when otherwise healthy, the voluntary fasters easily regain their strength and return to their normal state rapidly as soon as they resume their feeding.

MEETING OF THE SOUTHERN MEDICAL ASSOCIATION.

The fourteenth annual meeting of the Southern Medical Association will be held in Louisville, Kentucky, on November 15 to 18.

We are informed that the section programs promise a meeting of unusual scientific interest and that a very large number of reservations have been made in the hotels. The meeting places selected for the various sections are not far apart and that, we judge, is a detail of importance to the members in attendance.

It is the intention of the officers to make the scientific exhibit one of the outstanding features of this meeting. Space for it has been given in the Armory, where the registration office and the headquarters of the association will be located.

The social side of the meeting will be carefully looked after and the usual reunions and alumni dinners will add to the attractions of the meetings.

All are urged to arrive on the morning of the first day and stay to the end of the last day. We are sure that all will have such a delightful time that coaxing in this respect will be unnecessary and we hope that New Orleans and Louisiana will be largely represented.

THE EYE, EAR, NOSE AND THROAT HOSPITAL DRIVE.

In a few days the Board of the Eye, Ear, Nose and Throat Hospital expects to launch a so-called drive in order to secure funds sufficient to build a new hospital building, modern in every respect, and equipped so as to enable the staff to furnish in the most acceptable and efficient manner the special services needed by those who apply for treatment at the institution.

The good work done up to date by the hospital is too well known by the members of the profession for it to be necessary for us to do more than remind them of it. To those who have visited the present building during the past year or two it is unnecessary to describe the need of a new building, it is self-evident. To any others we can state that the need is imperative; the old buildings improvised into a hospital many years ago, are past repair and it is impossible to continue working therein. The only solution is to

build and to build larger and better in order to provide for the progressively increasing clientele during many years to come.

The hospital owns enough ground and the location is as central and convenient as possible, hence we hope the amount needed will be secured in order to put up a hospital which will be creditable to the city and to the cause to which it is dedicated.

The members of the profession, apart from contributing of their own means as they can afford, are urged especially to encourage and stimulate their friends and acquaintances to give and to give liberally. The sum needed is large, yet as the hospital's field is not limited to the city but includes the entire state, it should not be difficult to obtain it.

Let us boost the efforts of the Board and its Committees as none like the doctors can make the public understand the worthiness of the cause and the necessity for adequate funds.

ORIGINAL ARTICLES

(No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. Reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.)

IMPORTANCE OF EARLY DIAGNOSIS OF RECTAL DISEASES.

By A. G. HEATH, M. D., Shreveport, La.

The wreck of homes and happiness; the loss of opportunity, both to the patient and the physician; the hopeless invalidism; the prolonged discomforts; the numerous deaths and many jeopardies in life, not to say the lost reputations of doctors, through failure or delay in the diagnosis of rectal disease, are scarcely dreamed of by the general practitioner or surgeon. But to the specialist, who is daily in contact with these conditions, they are an old story more frequent in rectal diseases than in any others, for the simple reason, that those maladies, though most amenable to treatment in their early stages, proceed more rapidly than diseases elsewhere and more frequently become inoperable. Or, if operable, they have proceeded to such destruction of tissue that it is impossible to restore the parts to a normal condition. Such a condition renders prompt and accurate diagnosis more important in these diseases than in any others.

Why this state of affairs has so long been unobserved, or neglected, by our schools and colleges it is hard to tell; but I venture to say that there are a very small number of physicians that ever received a single course of lectures on rectal diseases in his entire undergraduate career by a recognized proctologist but received his training from the men on general surgery. If such a low estimate is placed on this branch of medicine, as a specialty by the teachers of medicine, why should we expect any more of the students when they become practitioners? why should we expect men to examine the rectum when they never have been taught the importance of doing so? why should we expect men to use a proctoscope when their professors have never thought it necessary?

We see more quack advertisement about, more nostrum remedies

presented for, more irregular practitioners holding themselves out to cure hemorrhoids than any other disease (with the possible exception of venereal disease). In many quarters intelligent people, who would not think of consulting an unethical practitioner for any other condition, will consult the so-called pile specialist, who holds himself forth in the daily press, because they believe that members of the regular profession do not treat rectal disease. It is perfectly astonishing to what extent this belief is held.

There must be reasons for this, and the reasons are: the lack of instruction to the medical student on the subject of rectal disease, in the first place; the paucity of such instruction when given as an incident in the teaching of general surgery; the repugnance with which the average practitioner approaches a case requiring rectal examination; the cursory character of such examination; the distaste of the average practitioner for local treatment of the ano-rectal region; the inability to make a correct diagnosis; and the superficial treatment given and the early discharge of the patient by the practitioner, who is anxious to get rid of a case that is unpleasant for him to treat—all are responsible for the position which the average general practitioner occupies today in the diagnosis and treatment of rectal diseases.

It is the action of the profession itself which has created the special field of proctology, the anus and rectum being organs peculiar to themselves and being subject to many medical and surgical diseases in the same way as the eye, the ear, the nose, the genital and urinary organs; and call for just as much special medical as surgical care. The general surgeon knows nothing about, and cares less for, the medical treatment of these organs; and the general practitioner who is able to treat the medical condition is not as a rule, properly equipped to do so. Thus the proctologist came into existence, a man who, by special study of this particular region of the body is able to give special care of either a surgical or medical nature, and often both in the same case, as may be required. With his attention directed particularly to this line of work, his operative measures are directed largely along the lines of conservatism. He endeavors to save as much tissue as he can and cuts as little as possible, and by intelligent after care to promote healing much nearer to the normal,

as a rule, than does the man who "cuts a fistula and ties a pile," and allows it to go at that.

The rapid progress which has been made in the study of toxemias and autotoxemias, however, has drawn attention to the importance of the large intestine, and especially its lower end, from which so much absorption takes place; and the time has now come when stool examination and proctoscopy will be known to be as important as blood examination and urinalysis.

RETURN OF CHRONIC URETHRITIS.*

By Dr. ALEX. RENAULT, Cochin-Ricord Hospital, Paris.
Translated for the JOURNAL by DR. CHAS. CHASSAIGNAC.

It may be stated at the outset that it is less difficult to obtain the disappearance of the "morning drop" than maintain its final suppression.

What happens in practice? With hard work, by means of antiseptic or alterative irrigations, say with permanganate of potassium, nitrate of silver, corrosive sublimate the physician has succeeded in drying up the canal. Several examinations upon arising in the morning confirm this fact. Upon pressing the canal, from the perineum to the meatus, no leakage is discovered and the patient, rid of his nightmare, is delighted. Nevertheless a few filaments persist in the urine and fall slowly to the bottom of the glass at the first voiding. It may be added that in a patient who has dragged a long time with a blenorrhagia it is scarcely possible to cause these filaments to disappear completely. They indicate that the sensitiveness of the urethral mucous membrane continues and that the slightest excess would cause an exacerbation.

Outside of the prolonged observation of a strict diet and careful habits, do we possess means to strengthen the canal, in other words to inure it against the repeated irritations to which it is exposed daily? we can answer, categorically, no. A more or less persistent continuation of the remedy which seems to have brought about the cure would avail nothing. On the contrary it would irritate the canal and would increase the likelihood of the return of the "drop," which often had for weeks already resisted the

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* From the *Monde Medical*, Sept. 15, 1920.

efforts of the specialist. There is nothing to be expected from the so-called anti-catarrhal medication which might be exhibited internally.

It is to diet and hygiene that we must resort. Let us see what positive recommendations must be made to the patient. As far as drink is concerned, they are the same as if we were dealing with an acute urethritis, that is that the patient must be satisfied with plain water and milk. Mineral waters as they possess more or less diuretic qualities, must be put aside. It is unnecessary to add that wine, tea, coffee, and especially liquors must be strictly interdicted.

Concerning solid food the rule need not be so severe, yet dishes with vinegar and acids should be omitted and especially asparagus which congests the urinary organs and tend to cause a recurrence of the leakage.

It should be added that the patient must abstain from walking, pushed to fatigue, from dancing, from sea or river baths, from horseback riding and especially from the bicycle which tends to congest the pelvic organs.

Now, what is very important to know is the time during which this draconian existence must be maintained. Yet nothing is more difficult than to set an exact limit. It is not sufficient to establish that the morning drop has disappeared thus taking away the chance of discovering any gonococci. This apparent cure does not permit in any way to weigh the resistance of the canal against the assaults of a normal life.

In my opinion, three months at least are needed before touching slightly alcoholic drinks, such as diluted wine, those whose action is mostly diuretic, such as coffee and tea, or the sweet cordials. For beer, champagne, and spiritouous liquors six months are necessary. Even then they must be used with great moderation, for a chronic urethritis even when well cured leaves the mucous membrane in a state which must always be prudently considered as sensitive. It goes without saying that the longer the disease has lasted the more marked will be the lack of resistance.

Precautions should be multiplied especially at the time of sexual intercourse. It is important that contact should be neither too frequent or too prolonged. I may be permitted on this point to go into some details.

First, is it indispensable to delay for the three months already spoken of the resumption of sexual life? No doubt this long continence would be preferable, but we must take into account the imperious sexual needs of some individuals and consequently of the constant erethism resulting therefrom. This erethism keeps up an irritability of the canal which predisposes to a return of the the drop. Hence, after having advised the patient to wait as long as possible, it is preferable to authorize a brief indulgence, together with the use of a preventive. It must be well understood that during that interval of three months, which I consider necessary at the least, this authorization is to be granted only in case of urgent need.

Besides when sexual indulgence can be permitted there are still some precautions to be taken in order to guard against any relapse.

First of all, it is important to beware of the monthly period. The menstrual flow being very irritating, would scarcely fail to provoke a return of the discharge. Prudence, then, directs to abstain for one or two days before the expected period and to resume relations only after its complete termination. Coitus is not to be repeated in the course of a night and it is at night it should take place. The patient should take the precaution of urinating previously. I attach a good deal of importance to this recommendation for two reasons: if unfortunately the few filaments, which nearly always persist in the canal and are expelled at the first micturition, still contained gonococci there would be a risk of the woman being infected; on the other hand, it must be remembered that leucorrhea, which is so frequent especially in the women living in large cities, accumulates during the night in the vagina and may irritate the urethra coming in contact therewith. Finally, coitus must not be repeated oftener than two or three times a week and the patient must avoid all sexual excitement at other times.

Conditionally upon the observation of the above rules, the patient will be free from relapses. But, again, he must not forget that his urethral mucous membrane requires careful handling for a period of time the length of which it is difficult to define, considering individual tendencies, if the return of noxious germs is to be avoided. In conclusion, I consider that henceforth all sexual stunts are to be eliminated.

As a proof of the ease with which gonococci reappear when the canal is irritated, I shall quote a typical observation reported at the International Congress of Dermatology and Syphilography of 1900.

A patient on the eve of his marriage and dreading on account of a gonococcal phobia, that he is not cured, consulted a specialist. Examination of the urethra failed to show any leakage and shreds had disappeared from the urine. The right lobe of the prostate barely revealed a slight thickening. In order to clear this up, the specialist resorted to a massage and only filaments and leucocytes were discovered in the urine but no gonococci. Successive massages were followed by the same negative results. However, in order to be done with this minute infiltration, the specialist resorted to dilatation with the Oberlander instrument. Four days after the second seance the canal was running and the secretion swarmed with gonococci. To resume, in this case there dwelt in the midst of the prostatic infiltration contagious germs which had been revealed neither by massages, by the ingestion of strong drinks, nor coitus followed by the use of preventives. In no case is it possible to affirm that there no longer exists any gonococcic nidus in the canal.

Nevertheless, from a practical standpoint, when examination of the canal in the morning reveals only a slight moisture of watery appearance, accompanied by the settling at the bottom of the first glass of urine of one or two heavy filaments and especially when the previously indicated precautions are observed, contagion does not follow. There would be a risk of its occurrence only if the canal suffered from a repeated or strenuous irritation.

However it may be, a patient suffering from his first gonorrhea cannot be urged too strongly to be very thoroughly treated and to avoid confusing an apparent with a real cure. It is incumbent upon the physician to post him as to the disastrous consequences that an inflammatory residuum might entail. Also he should not depend upon his client even when the latter affirms that the canal is completely dry. He is under obligation to check it up himself on at least two mornings, with an interval of a few days between, as the last traces of infection accumulate as a rule during the night.

The first gonorrhea, lasting only six weeks or a maximum of two months, allows the mucous membrane to return to a normal state and even to regain its former resistance, while the persistence

of a morning drop, besides the difficulty of its subsidence and the fear of stricture in the future, leaves the urethra in a state which it is prudent to consider as one of indefinite sensitiveness.

SCIENCE AND PRACTICE IN THE FIGHT AGAINST MALARIA.*

By PROFESSOR B. GOSIO, Director of the Laboratory of Micrography and Bacteriology of the Department of Public Health, Rome.

As a corollary to a long period of convergent studies, science was at last enabled to make a definite pronouncement as to the mode in which malaria is spread from the sick to the well; whereupon there arose a blind faith in our ability to obtain a quick and complete victory over this world-wide pest. And this faith was based, not only on the encouragement which, in fighting a disease, comes from knowledge of its cause, but above all on a clear conception of the very simple means of breaking, at one point or another, what was then called the epidemiological chain expressed in the formula, mosquito + malarial patient = malaria.

Many were the infallible measures for destroying the mosquito or avoiding its bite, and safe methods were proclaimed, either of treatment or of prophylaxis, for removing the sources of infection, the human malarial foci. New Archimedean principles were applied to medicine: some said, "Give me a net, and I will defend mankind from malaria;" another demanded quinine, and another petroleum. The excitement caused by the scientific discovery of our mysterious enemy made us see in a flash the trusty and irresistible weapons which would shorten the road to victory; just as the sight of harbour abates the storm, shortens the voyage, and frees the sailor from all his hardships.

But hopes nourished on an excessive idealism must inevitably wither at the touch of reality. More than two decades have passed since the memorable discovery, and yet it cannot be said with assurance that much progress has been made in delivering the nations from this dire scourge. And if those who cry failure are unwarrantably pessimistic, it is none the less true that we are still far from our goal. The fall in the death-rate is, however, an im-

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* Reproduced from the *International Journal of Public Health*, September, 1920, Geneva, Switzerland.

mense and indisputable benefit. In Italy during the period from 1887 to 1902, immediately preceding the enforcement of the anti-malarial laws, the records show an annual average of 15,000 deaths, while during the three years 1903 to 1905, which saw the beginning of this enforcement, the average fell to 8,000, and then to 3,700 from 1906 to 1912, to 2,664 in 1913, and again to 2,045 in 1914.

Yes, many lives have been spared, and that is a long step forward. But the object of preventive medicine is to extirpate the noxious seed of the fevers, and any success in reducing the deaths counts for little if the survivors are not healed. Reasoning crudely—not to push the argument too far—it can be stated that to delay the death of a malarial patient, without curing him, is to add to the number of carriers and to enlarge, for the healthy, the dangerous area. But all paradox aside, it is certain that from the point of view of the public weal no victory is real that does not overcome the incidence of the disease and suppress its sources. Failing this, we can only claim to have more or less scotched an ever threatening enemy; his re-awakening is in fact an ever present possibility, as happened, for example, in many places and to a really formidable extent during the war.

From the point of view of social hygiene, properly so called, the malaria problem is still almost unsolved. What has been done suffices only to show that if we continued in the right way, we would conquer; but in reality all is still factitious and in the palliative stage. Governments have shown their interest by means of laws and the encouraging example of model demonstrations, but their efforts have rarely met with responsive good will on the part of those whom they have attempted to aid. War, with its moral and material disturbing influences, was sufficient to undo every gain and to dash the hopes of a new dawn in the countries smitten with the malarial scourge. The disease has reappeared in localities which were thought to have been definitely freed from it. And since this deliverance dates back to some time previous to the discovery of the life cycle of the malarial parasite, certain cynics have not refrained from making the sarcastic observation that the advantages which ignorance had gained, knowledge was not able to maintain. No wonder, therefore, that the onlookers and the ill-informed should disparage our modern theories of etiology as being inexact or at least incomplete, if malaria can origin-

ate in any other way than through the bite of infected mosquitoes.

To find a suitable remedy for this state of affairs one must first go deeply into the genesis of this supposed failure and, with a criticism free from prejudice, define the nature of its causation.

Its causes are of a twofold nature, moral and material. Predominant amongst the moral factors is undoubtedly a certain dangerous sense of satiety, which these very discoveries in the field of etiology bring with them. After so many years of groping in the dark with such diverse opinions on the mechanism of the infective process, and after so many fruitless researches in opposite directions and with incongruous results, with warring schools advocating half-baked measures, the profession unexpectedly found itself confronted with the scientific solution of the problem. This gave rise to a sort of exaltation almost sufficient in itself to make us forget that there was still a long and rough road to travel before we could raise our practice to the illuminating level of our science.

To dream, when one ought to act, is a common and very human failing. Scientists who contributed to the discovery, transmitters who spread the message abroad, and those who embroidered its minutest details, have all seen much, perhaps too much, in their dreams. Misjudging the path they had to follow, a path bristling with thorns at every step, they declared that, with the enemy known and his methods known, victory was easy. They should rather have told the disconcerting truth about the immense labour involved in a rational organization of the fight against this noxious weed, deeply rooted for ages in the human race. They should have given us timely warning that even if the scientific discovery is everything in pointing the way for practical measures, it counts as nothing as far as action is concerned. The discovery, in our case, is tantamount to a good programme. It must be well followed up to bring success; just as when we wish to climb a mountain, it is not enough to get a clear view of its peak, we must trudge the intervening ground patiently, step by step.

Also in the moral sphere, a little less deceptive, but still deceptive, comes the scheme of the so-called "model demonstrations." They did, indeed, put into practice the dictates of science; but limited, as they were, to narrow fields for brief periods, they could do little more than demonstrate the correctness of our theories. With rare and favoured exceptions, few of them have done much

practical good. It is like trying to solve the problem of general undernourishment by providing small groups of people with good food. The model demonstrations, especially those carried out on a fairly large scale, are valuable as training centres and as a stimulus to a wide-spread campaign. They are a stage which must be passed through before prophylactic measures can be universally applied. But if our efforts are limited to these demonstrations, they partake more or less of the nature of artistic performances; in appearance they may carry conviction, in reality they accomplish little.

Among the material causes of diminishing returns in the campaign against malaria is the tendency to over-standardize it. Rules to be applied to large communities must not be too simple or rigid. This is always a danger, and especially in matters of health; for here the necessity of treating individuals and not diseases is never properly understood, and considerations of time and place and various modifying circumstances are so important. The tendency, however, in academic circles, and amongst individuals propagandists, has been to foster the system of easily applied ideas, perhaps to give the public more encouragement or less inconvenience, or perhaps out of a mania for acting quickly. One announced that all that is necessary is to treat the malarial patients during the winter, another held the fort with a small daily dose of quinine in times of peril, a third wanted to petrolize every puddle, and others still were content to isolate man from the mosquito.

All the methods are based on sound principles; but put indiscriminately into practice, struggling with unforeseen difficulties, and made responsible for exaggerated claims, they were doomed, if not to failure, at least to the accomplishment of ridiculously limited results.

Owing to an imperfect study of the actual conditions under which they were to be put into practice, the schemes proposed were not without defects, which entailed disappointing returns. Robert Koch, with the authority of his name and his wide technical training, advised that the human foci of malaria be cleansed up by means of intensive treatment in the pre-epidemic season. The "bridge," as he described it, joining one year to the next, would thus be broken, and the mosquitoes would be deprived of their sources of infection.

Theoretically, this was a very important proposal, appealing to the reason with a seductive clearness. For in the epidemiological chain the human link seemed to the observer to be the one most readily controlled, involving the fewest unknown factors. But in passing from theory to practice it was soon evident that the delayed treatment of malarial patients was an obstacle of unforeseen magnitude. To wait for the winter—no one doubts it nowadays—meant losing the best opportunity of cure. On the other hand confining the treatment of the patient to the season in which he contracts the disease, does not suffice, as a rule, to protect him from relapses. Having thus to conform to the demands of practice, the scientific principle becomes complicated and difficult of application. The malarial patient must be followed for months and months, sometimes for years; care must be taken to see that even if he changes his place of residence, he does not lose contact with his physician; and we must be very sceptical and not regard him as cured until after long and very thorough testing. To extend such vigilance as this to large groups of suspects is one of the most arduous tasks; and it is here that the grave defects appear in the belauded plan of protecting the healthy by treating the sufferers from malaria.

Not less imperfect was the success of the quinine prophylaxis. Here, too, the weapon was an excellent one in theory, and logically the deduction was clear: if quinine cuts short the malaria fever, it must also prevent it; the thing to do, therefore, was always to maintain this specific, in small amounts, in the circulation of a healthy man, thereby keeping his blood refractory to the growth of the malarial germ. This was all very fine, and, thanks to favorable circumstances, encouraging instances of success were not lacking. But in the wide field of reality it soon became apparent that the dosage was an important factor in the achievement of the results desired. From 20 centigrammes of quinine the dose had to be raised to 40 and then to 60, and even that did not seem a sure defense. Going beyond these limits, one could not always count on the individual's tolerance. Not that any real harm would be done, but at any time slight disturbances might occur, which, though transient, would be sufficient to render the practice disagreeable. Moreover, the quinine must evidently be given not only while the risk of infection lasts, but for long after. In the opinion

of some the greater part of the year must, in districts where malaria is rampant, become a period of daily cinchonization. Is this practical or advisable? Can one be sure that it is always harmless, particularly to young children?

Nor is this all. The standardization of the drug prophylaxis leads inevitably to the giving of the same doses to the well as to the sick, to those who are face to face with serious peril as to those who enjoy a certain immunity; for some too much is done, for others too little. The method requires enormous quantities of the drug, at what expense it is easy to imagine; and perhaps it is not always those who need it most who reap the benefit. Then there is the problem, a most difficult one, of putting this scheme into practice. Proof is not lacking that, without coercion, with measures of this kind, it is difficult to ensure compliance. But this coercion implies a law, and the law invites you to seek out the sheep and the goats and to discriminate between them with suitable rewards and punishments. How are you going to tell them apart? Do you propose systematically to look for the Tanret reaction in everybody's urine?

Much the same is to be said of the mechanical defenses. For it was precisely here that in theory the ideal protection was dreamed of, and that in practice the widest loopholes were revealed. So, too, with all the plans for killing larvæ and mosquitoes: thinking it out, it is the easiest thing to destroy the insects that infect a locality, but in carrying it out we run up against a thousand unforeseen obstacles and unknown factors, which, if they do not render useless any serious attempts of this kind, at least minimize the practical results under ordinary conditions. Thus, even when everything that is possible has been done, judgment must be reserved as to whether the object has been permanently achieved.

While analysing the causes of the failure of so many bright hopes in the war against malaria—hopes conceived before our scientific knowledge was tested in practice—we must not ignore the lack of perseverance in applying the prophylactic measures and the scanty and unsuitable nature of the organizations which were entrusted with the task.

Lack of perseverance is an outcome of the mad desire to accomplish results quickly. Disappointment dampens the ardour, but is

a great stimulus to our hypercritical friends whom we have already mentioned; it gives them a new pretext for raising doubts as to the truth of the modern teaching which has inspired the campaign against malaria. If your doctrine, they say, were true, surely when the fight has been carried on all these years, under its guidance, malaria would have disappeared instead of being today just as rampant as before, or in some places even more so.

The truth is that the army has marched badly and has given way to weariness too soon; the routes mapped out by science were prematurely abandoned because they did not lead to the expected *veni, vidi, vici.* No measure was carried out as extensively and thoroughly as the success of the cause required. And so the longed-for deliverance from the malarial scourge resembles one of those mathematical calculations which are clear and convincing because they work out perfectly on paper, but which in their practical application do not command sufficient persevering labour.

But of all the causes hindering the practical advance of malarial prophylaxis the most sinister is the scanty and unsuitable sanitary organization of our communities, an organization which, though perhaps well enough adapted to dealing with other diseases and with emergencies, is quite unequal to the task, and sometimes does harm, with respect to malaria. I call it the most sinister factor, because it entails the repetition and exaggeration of all the other faults, whereas if the profession had everywhere been properly organized, and if the organization had been maintained at the level of modern requirements, it would have found in itself the forces and the courage necessary to overcome the defects I have described.

To understand the disastrous effects of this cause one need only consider the nature of the disease and its very peculiar requirements in the matter of therapy, for after all, the treatment of malaria still remains the fundamental means of bettering conditions.

The feature of practical utility in the modern doctrine of the pathogenesis of malaria is that which brings into relief the fact that the infection is indirect. With this conception malaria fell into the category of diseases in which the efforts of the sanitarians must be chiefly directed towards extinguishing the infective foci. Every patient who is cured means another focus extinct. The meaning, however, of the word "cured" must be clearly defined. It means

here the absolute disappearance of the parasites from the blood, without the possibility of an endogenous relapse; it means the return to such a state of health that a new attack of fever can be brought about only by the man being bitten again by infected anopheles. In short, from the point of view of hygiene, what is wanted is a cure in the strictly scientific sense of the term; and before we can say that such a cure is attainable, we must examine the conditions which it implies.

There is much discussion as to the possibility of curing malaria. Some deny it, stating that treatment, at the best, can only render the disease latent. A clinical cure is the only one they acknowledge. No doubt they exaggerate. They are right only as regards one type of cases, the chronic forms in which the parasite acquires a permanent home. It is precisely the prevention of such cases which calls for diligence and intelligence in the physician. If, therefore, we can rest assured that the question of the underlying principles is settled—and endless statistics prove that it is—the conditions under which those principles can be put into practice are certainly not so simple as would at first appear. The physician must be called in at the onset of the disease, follow the patient for months, and individualize the treatment. The specific remedy and its adjuvants must be continued through a long period. And, finally, the patient must be convinced—no easy task—that feeling well and being able to attend to his business are no justification for considering himself to be free of infective organisms, which may remain in his blood for years in a latent condition. Is our public health organization equal to the task? Is it to be expected that our state-subsidized physicians *(nostre condotte)* can carry out such a serious and difficult duty? Certainly not. Deficient in number, with inadequate means at their disposal and insufficient material and moral support, and working over a vast field with a constantly shifting population, these physicians of the *condotta* cannot nowadays keep in close enough touch with the sufferers from malaria to eradicate the disease. As a body they lack training and they need assistance, nor are there facilities for assuring their presence in sufficient numbers in any locality where their services may be needed. Their work is in keeping with the old clinical idea of prompt help in cases of serious illness and certainly not with modern hygiene which demands the "improvement of the human

environment." There are today very few sanitarians who can assume a task of such magnitude as this and at the same time feel assured of their ability to carry it on.

Moreover, the sanitary personnel at the disposal of the physicians is even today very scanty, ill-chosen, and poorly trained, and receives little material or moral encouragement. They do their best, considering that they have many other duties to attend to, but their best amounts to little and is altogether inadequate to raise practice to the level of science.

Up to now I have spoken only of the medical aspect. A well organized antimalarial service cannot do without competent management and adequate labour for the complex physical task of modifying the environment of the malarial mosquitoes. This task is a long, slow, most laborious one, if the results are to be appreciable and lasting. Any one taking all this into consideration is easily convinced that, except in some very circumscribed areas, it is ridiculous to count upon our present executive and technical equipment as a defense against the scourge of malaria.

After going broadly into the causes of this lamentable lull in the fight against malaria, it is easy to suggest the remedies; so easy that no writer on the subject can, without some twinges of conscience, continue to theorize when so much practical work is needed, or go on outlining programmes and tracing plans of attack when time and experience have made it clear that neither can be carried out with the forces and the means at our disposal; when there is no great influence directing all our energies into the one channel, inspiring us to avoid all side issues and make for the final goal; when, in short, we are not yet doing earnestly and on a grand scale a job which so far has only been tinkered with in a patchy and temporary fashion.

There are countries with excellent laws and excellent instructions for carrying them out. Those of Italy, for example, dealing with the antimalaria campaign, are a model of wisdom and of the practical application of academic ideas. But in Italy, as elsewhere, very little progress has been made owing to lack of teamwork and to differences of opinion, and above all because the available means and equipment are insufficient. Throughout the world this deficiency is more or less noticeable, a want of men devoted to the

cause, a want of materials upon which to lay a solid practical foundation for the desired deliverance from a disease which lords it over every race of mankind.

We still soothe ourselves with the mirage of science triumphant over the malarial mystery and with the clarity of our logical deductions. We ought rather to be up and doing, travelling the slow, laborious road with plenty of faith, certainly, but without any illusions as to brilliant victories which are not often the reward of such battles as these. For the simplified schemes must be substituted a discerning appreciation of the real technical possibilities. The directing body must be expert in all the means and all the systems, medical and zoological, of fighting malaria. The executive programme will be drawn up after a detailed study of each field of action, for the characteristics and peculiarities of any proposed sphere of action carry great weight in deciding what lines are to be followed.

The crux of the problem is this: to attack the enemy after mature investigation, without preconceived notions and with overwhelming forces. This simple formula illustrates the necessity of having better and greater armaments than heretofore, as regards both personnel and technical equipment.

As for propaganda, it has already been sufficiently provided for. No one can deny its great usefulness, especially in the school. But there is the risk of its being merely a flower without fruit, unless care and diligence are used in following its maxims so that they gradually become incorporated into our habits of life.

At this point reappears the urgency of providing labourers, the necessity for a new militia, well trained and organized, aware of the various phases and aspects of the complex problem, armed with every useful weapon, and working with the physicians, sanitarians and directors. Such an organization might indeed carry out what has so far been largely a dream. Here we have the rank and file with which to wage a war conducted hitherto without any real army. This is the hand that will grasp what has so far been grasped only in imagination.

To conclude: the mania for short cuts in antimalaria work has led us into doubts even of its scientific principles. Let us return to the main roads, with more constancy, more means, and more willingness to face the vicissitudes and sacrifices incident to all long and difficult labours.

NOTES ON TROPICAL DISEASES.

(From Bulletin de l'Académie de Médecine, Paris.)
By LODILLA AMBROSE, Ph. M., New Orleans.

Plague.

Kermorgant[1] communicated data furnished by physicians (Collomb, Huot, Lafont) of the colonial forces on the epidemic of plague in Dakar and Senegal from April, 1914, to February, 1915.

It started among natives of the port of Dakar, and was evidently brought from Casablanca, Morocco, by a vessel carrying 8 Europeans and 850 natives, tirailleurs, although extreme precautions were taken when the vessel arrived. Plague patients were taken to the hospital, corpses were buried at one and a half metres after immersion in quick lime or cresyl. Natives inhabiting contaminated houses and those near by were taken to the lazaret. Cabins which could not be disinfected were burned. Dissemination by rail was prevented by refusing passage to natives from Dakar. The natives whose houses had been burned were detained in a segregation camp, and then removed to a newly constructed village a certain distance from the city. Most of the native quarter of Dakar was evacuated and destroyed. Measures based on the same principles were used in the contaminated centres of the interior. In Dakar after the isolation of suspected cases and the burning of contaminated cabins hardly any case of plague was reported. The Haffkine vaccination was made obligatory for natives in Dakar.

The epidemic started in April, but it was not until July that plague rats were found among those examined, and these came from vessels of the marine and from low quarters of the city. Deratization was done by periodic sulphuration of sewers, and by traps, poisons, bounties, virus. There was during the epidemic period a very high mortality among rats, and an abnormal mortality of other animals. Kermorgant emphasized the danger of the propagation of plague by *cats*.

The plague developed in three forms, pulmonary, septicemic and bubonic. The pulmonary was the first form manifested, and then contagion was direct from man to man by sputa, nasal secretions, and the excreta. The pulmonary cases were all fatal. Later on in

1. Kermorgant. Épidémie de peste qui a sévi à Dakar et au Sénégal d'avril 1914 à février 1915. 3. s., lxxvi, 126-133.

July with the bubonic forms of less rapid evolution, serotherapy and adjuvant medication (especially camphorated oil in large doses) gave good results in patients treated in time, or in those who had the benefit of one or several antiplague vaccinations. There were only two cases of plague charbon, but various vescicular eruptions were seen which swarmed with plague bacilli. There was an ambulatory form with buboes and hydroadenitis which recovered without treatment.

In this epidemic it seemed evident that man contaminated the rat, this conclusion being based on the complete absence of plague findings in rats taken alive and examined in the laboratory for certain definite periods.

Vaccinations with the Haffkine lymph (three vaccinations to a person, the dose varying) were done to the number of 130,000 for the entire colony. Infants of 18 months and over bore the successive vaccinations well. In Dakar 1,600 habitations were destroyed. In the interior whole villages were burned, and then rebuilt in new locations. Deaths were estimated at nearly 9,000. In infants the disease ran a relatively benign course. Among Europeans there were only 7 cases with 3 deaths.

"The conclusion from the facts observed is, that, during an epidemic of plague one must not be contented with making vaccinations; if all the plague foci ferreted out are not destroyed, if the inevitable disinfections and segregations are abandoned or are too late, if, in a word, the measures of preservation are not employed simultaneously, the favorable issue of a sanitary campaign may be endangered, and the plague can then install itself definitely in the country.

"What has taken place in Dakar in the course of this epidemic proves once more the advantage that there would be in having the native city completely separated from the European city. In fact, a city like Dakar, already visited by various endemics and epidemics, will not find definitive security until the day when this separation shall have been effected. In this way, the sanitary surveillance of the native foci will be easier and much more efficacious."

BULLETIN OF THE LOUISIANA STATE MEDICAL SOCIETY.

By P. T. TALBOT, M. D., Secy-Treas.

The Executive Committee of the Louisiana State Medical Society held one of its regular meetings in New Orleans, October 6th, 1920. This was one of the most enthusiastic sessions held by this body, only one of the members being absent.

One of the important subjects taken up at this time was the arranging for Post-Graduate course to be extended to the members of the Louisiana State Medical Society. This was reported upon, at length, by the Secretary-Treasurer and the Executive Committee has approved of the plan, making provisions for the appointment of a Committee, by the President, to take up this work at once. The President will appoint this Committee very shortly, at which time they will will begin at once arranging for the curriculum, etc., so that same may be available to our members at the next annual meeting.

We are thus endeavoring to add an additional attraction to active membership in our State organization. We do hope that our membership at large will recognize the advantages of such opportunity and as many of our members as possible will be registered at our annual meeting next year. Also, we feel assured this will give added stimulus to other physicians in the State who are not members of our organization, to become one of us at once.

If this new advantage of the State Medical Society proves a success, which I am sure it will, we will have added, in my opinion, one of the most important assets for the members of our organization.

Each and every one of us enjoys unusual benefits by being a member of our State organization,—for example the protection afforded by our Medical Defense Fund, in mal-practice suits; the eligibility for membership in the American Medical Association, the greatest of our representatives in Organized Medicine, and in the Southern Medical Association which has become the most important organized factor in Scientific Medicine in the South; the advantages of a Medical Journal, besides the social and scientific opportunities incurred as a member of our State organization. We

have thus tried to make the Louisiana State Medical Society as attractive as possible to its members and will not halt in our endeavors until everything possible has been accomplished and every opportunity for Medical advancement and protection is afforded our members.

Very shortly the Secretary-Treasurer will announce the Chairmen of the various sections of the Scientific Program for our annual meeting in New Orleans, April 19th, 20th and 21st, 1921. At our last annual meeting the Executive Committee dispensed with the Scientific Program owing to the proximity of the American Medical Association convention. In view of this fact we anticipate, with a great deal of pleasure, that our next Annual Meeting will be rich with valuable contributions from our membership. The year's rest from scientific contributions, we hope, will give added zeal to our members at the approaching meeting of the Louisiana State Medical Society.

In connection with our State Medical Society and especially in refeernce to our Medical Educational work we should not let the opportunity pass to deplore and lament the loss of one of our esteemed members, Dr. Isadore Dyer, Dean of the Tulane Medical School, New Orleans, La. While Tulane Medical School has lost its Dean, The Louisiana State Medical Society has lost one of its former Presidents, and a man who has always stood for the highest in Medical Education. Throughout his Scientific Career he has added much to Medical Work and through his assistance and activity in our State Medical Society has reflected, in many ways, on the up-building of our State organization.

In our opinion his departure came at a time inopportune. His work in Medical Education, while always of the highest character, had not yet reached the ideals for which he no doubt was planning. His contributions to Medical Science and his activities in both State and National Medical Education will remain a monumental attestation of his value to the Medical Profession.

NEWS AND COMMENT

PUBLIC HEALTH HOSPITAL OPENED.—The U. S. Public Health Service on September 30, opened its Marine Hospital in Chicago as a general clearing house for soldiers and sailors residing in the States of Illinois, Wisconsin, and Michigan, who are suffering from nervous and mental diseases. Dr. L. M. Wilbor, surgeon of the Public Health Service, has been placed in charge. Any member of the military or naval forces of the United States of these states who needs such attention may come or be sent to the hospital for observation and diagnosis. The Hospital, which will start with 130 beds, has an allowance of $85,000 for remodeling and other purposes. It will serve as a clearing house for the eighth district of the Public Health Service.

PUBLIC HEALTH SERVICE COURSES FOR DIAGNOSIS OF TUBERCULOSIS.—The Public Health Service, which for some time has been making special efforts to facilitate the diagnosis of tuberculosis, especially to bring about its recognition in the very earliest stages, recently opened mobile training courses for the purpose in Illinois, Wisconsin, Michigan and Washington. Similar courses have already been given in Texas, Louisiana, Missouri, Virginia, West Virginia, Maryland and Pennsylvania. The courses last seven days and are very intensive. They are at present open only to physicians attached to the public health service, but it is contemplated later on to hold similar courses for other physicians who care to attend.

NO PAPER FAMINE IN FINLAND.—With America suffering from a white paper famine it will be interesting to note the condition of the Finnish paper industry. According to reports from the American Red Cross workers in that field there were exported from Finland in 1919, 46,000 metric tons of paper, in spite of the fact that export trade was impossible for eight months, owing to shipping restrictions in Europe. The total export of paper mill products in 1919 was 200,451 metric tons, which included wood pulp, cellulose and cardboard in addition to white paper. Virtually all of this amount was supplied to fifty of the largest periodicals in England.

GOATS' MILK AND ROSE LEAVES FOR ICE-CREAM.—Ice-cream made of goats' milk and flavored with rose leaves is the leading delicacy of Greece and Crete, according to an American Red Cross worker who recently returned from abroad. Goats' milk is whiter than cows' milk and ice-cream frozen from it has almost the blue tinge of skimmed milk, unless colored with rose leaves. It has a peculiar flavor, but has no peer in the opinion of the citizens of Mitylene.

AMERICAN PUBLIC HEALTH ASSOCIATION MEETING.—The forty-ninth annual meeting of this association was held in San Francisco September 15, at which time the following officers were elected to serve during 1921: President, Dr. Mazycke P. Ravenel, professor of preventive medicine, University of Missouri; vice-presidents, Dr. Theodore Bruce Beatty, Salt Lake City, Dr. Louis I. Dublin, New York City, Dr. William C. Hassler, San Francisco, and Dr. Roger I. Lee, Boston; secretary, Mr. A. W. Hedrich, Boston.

COMMITTEE APPOINTED BY TUBERCULOSIS SOCIETY.—A medical advisory committee for the purpose of coordinating the efforts of medical practitioners and institutions for the control of tuberculosis has been appointed by the St. Louis, Mo. Tuberculosis Society.

DRUG TRAFFIC DECREASING.—A report from Chicago states that there are fewer drug addicts in that city at present than at any other time during the last three years. The statement was made by Dr. Samuel A. Braun, chief of the federal anti-narcotic squad, and is ascribed to the vigorous enforcement of the Harrison law.

SOCIAL SERVICE COURSE.—The University of Chicago has instituted a graduate school of social service administration, which began with the autumn quarter, October 1. Elementary, intermediate and full graduate courses are being offered to nurses, social workers and all others interested in social service. Two extension courses on related subjects will also be given.

NEW GERMAN UNIVERSITY.—According to a note in the *Paris Médical* a new University has been established at Cologne; the University of Bonn has been enlarged, and new departments have been added to several other universities of Germany.

University of Paris to Establish Institute of Psychology.—The University of Paris associated with the *Facultés des Lettres et des Sciences* will establish at the University a psychological institute. The council of directors will be composed of professors H. Delacrois, G. Dumas, P. Janet, H. Piéron and E. Rabaud. Practical and theoretical teaching of all branches of psychology—physiological, experimental, pathological, comparative, and general, will be undertaken by the institute, and research can be carried out in the laboratories in preparation for university degrees. Two terms will comprise the diploma course.

Medical School Project Abandoned.—The China Medical Board of the Rockefeller Foundation has abandoned its project of establishing a medical school at Shanghai, China. The unexpected high cost of all the Board's undertakings in China was given as the reason for the change. It was stated that the Peking Union Medical College alone cost larger sums than in 1914 was thought would be necessary for both schools. Also, the capacity of the Peking school has not been reached.

Congress of Pathology.—In April, 1921, at Rome, under the presidency of Professor E. Perroncito, will be held the second international congress of pathology, which was scheduled to take place in 1914. The preliminary program announces among the subjects for discussion as influenza of man and animals, cancer and sarcoma, rabies and results of the Pasteurian vaccination, plague among ruminants, chicken pest, bee pest, scabies of man and animals and nerve regeneration. Pathologists and others who wish to attend the congress should communicate with Professor Mario Levi della Vida, the general secretary, at 58, Viâ Palermo, Rome.

Post-Graduate Course in Venereal Diseases.—The London Royal Free Hospital School of Medicine for Women will give a post-graduate course of instruction in the treatment of venereal diseases. It will begin on September 13, and conclude September 25, and has been arranged for the advantage of qualified medical women. The Elizabeth Garrett Anderson Hospital and the London Lock Hospital are interested in the project.

First Aid on Pullmans.—The Pullman car service is giving the American Red Cross First Aid training to the entire force

of colored maids employed on the transcontinental trains. Several of the women have already finished the course and now carry as part of their equipment the regulation First Aid Kit. The Pullman company has arranged with the New York Chapter of the Red Cross to give the course of training in First Aid and Home Hygiene to some hundreds of maids reporting to its New York terminal.

Reports of Cancer in Switzerland.—Commenting on a recent compilation of cancer in Switzerland, the *Deutsche medizinische Wochenschrift* states that cancer is so prevalent in that country every twelfth person beyond 35 years of age faces the prospect of dying a victim of the disease. A recent five year period showed that gastric cancer formed 37.9 per cent., of the total; cancer of the female genitals 16.1 per cent., and mammary cancer, 10.6 per cent. A little less than five months was the average survival of the operative mammary cancer cases.

Plague Research Station.—The U. S. Public Health Service recently established at Pensacola, Fla., a research station for the study of bubonic plague. Additional trained experts have been detailed to cooperate with those already stationed there, and an increase in research equipment to facilitate investigations will be provided.

Malaria Reduced.—According to Dr. Oscar Dowling, president of the Louisiana State Board of Health, malaria has been reduced 50 per cent at Mound during the current year. This is a direct result of the work done there by health officers under the direction of the state board of health and the International Health Board. Mosquitoes, it is reported, have been reduced 87 per cent. in the houses in that vicinity.

Infantile Paralysis in Maryland.—Dr. Samuel M. Wagaman, of Hagerstown, Maryland, Health officer of Washington County, reports five cases of infantile paralysis within the last few months. The last case was discovered near Big Pool.

Civil Service Examinations.—The United States Civil Service Commission announces open competitive examinations for the following positions: Assistant Field Agent, Protective Social Measures, November 17; Director of Bureau, Division, or Section

of Protective Social Measures; Supervisor of Protective Social Measures; Field Agent, Protective Social Measures; Special Assistant Agent, Protective Social Measures November 23. Applicants should at once write for Form, stating the title of examination desired, to the Civil Service Commission, Washington, D. C., or to the Secretary of the United States Civil Service Board in their district.

FLORIDA STATE BOARD OF HEALTH.—A new program recently adopted by the Florida State Board of Health provides for the carrying of the message of health directly to the homes of citizens, especially in the remote rural districts. Field directors, under the direction of an experienced director of rural sanitation will work simultaneously in adjoining counties. A campaign to correct any defects which may develop after a careful survey will follow.

WISCONSIN WILL HAVE NEW STATE HOSPITAL.—Plans have been submitted to the architect of the State of Wisconsin for the new State Hospital which will be erected on the University of Wisconsin campus. According to the plans, the new hospital when completed will include two groups of buildings, in addition to the first group, work on which will begin this year. The hospital when completed will have a capacity of 1000 beds.

PASSENGERS TO THE UNITED STATES TO BE VACCINATED.—The United States Public Health Service has issued orders to all officers in Europe not to permit any third class passengers to depart for this country without first being vaccinated for smallpox. Dr. Rupert Blue at present in Paris will remain all winter to perfect the organization of the health service. Offices will be maintained in every large port of Europe, in order to minimize the danger of smallpox, typhus, and other diseases being carried into this country.

MEETING AMERICAN ELECTROTHERAPEUTIC ASSOCIATION.—The thirteenth annual meeting of this association was held in Atlantic City, Sept. 14-17, and the following officers elected for the ensuing year: President, Dr. Byron Sprague Price, New York Ctiy; vice-presidents, Dr. Virgil C. Kinney, Wellsville, N. Y.; Dr. C. M. Sampson, M. C., U. S. A.; Dr. Charles Collins, Washington, D. C.;

Dr. Douglas A. Carter, East Orange, N. J.; Dr. W. T. Johnson, Philadelphia; trustees, Dr. Frank B. Granger, Boston; Dr. Frederick H. Morse, Boston; Dr. W. M. Clark, Philadelphia; Dr. E. C. Titus, New York; Dr. William Martin, Atlantic City; Dr. Frederic de Kraft, New York; secretary and registrar, Dr. A. Bern Hirsh, New York City; treasurer, Dr. J. Willard Travell, New York City.

THERE will be a regular meeting of the Fourth District Medical Society of Louisiana, in Shreveport, Tuesday, November 9th, at 2 P. M. There will be an afternoon and evening session, followed by a luncheon. The Secretary of that organization anticipates a very large attendance.

A CALLED meeting of the House of Delegates of the American Medical Association has been set for November 11th and 12th, 1920, for the purpose of amending some special feature of the By-Laws of the American Medical Association which they were not able to attend to at the last annual meeting.

THE American Medical Association has called a meeting of the State Secretaries of the various State Medical Societies to convene in Chicago, November 11th and 12th, 1920, at which time various matters concerning the State Medical Societies' activities and in relation to the American Medical Association will be considered.

PERSONALS.—The following doctors have returned from their vacations and resumed practice since our last report: O. C. Cassegrain, F. E. Lamothe, F. A. Overbay, John B. Elliott, Jr., W. D. Phillips, A. A. Pray, J. J. Ryan, W. H. Harris, G. K. Logan, E. S. Scharff, Elizabeth Bass.

Dr. E. D. Martin, has resumed practice after an illness of a few weeks.

Dr. Seale Harris, of Birmingham, Ala., announces the opening of his Dietetic Institute, a private infirmary for the diagnosis and the dietetic and medical treatment of diseases of the stomach and intestines and of nutrition.

REMOVALS.—Dr. E. S. Hatch, from 1126 Maison Blanche Building to 3439 Prytania St.

Dr. A. A. Keller, from 1210 Maison Blanche Building to 4909 Danneel St.

Dr. L. R. DeBuys, from 1122 Maison Blanche Building to 3439 St. Charles Ave.

Dr. P. Michinard, from 726 Maison Blanche Building Annex, to 701 Canal Bank Annex Building.

Dr. B. R. Heninger, from Maison Blanche Building to 3439 Prytania St.

Dr. J. B. Ferran, Jr., from 702 Macheca Building to 930 North Broad St.

Dr. J. M. Funderburk, from Clarks, La., to Winnsboro, La.

Dr. Clarence Pierson, from Jackson, La. to Alexandria, La.

Dr. F. R. Gomila, from 504 to 516 Macheca Building.

Dr. S. F. Braud, from 4828 Prytania St. to 1322 Josephine St.

Southwest Journal of Medicine and Surgery, from El Reno, Okla., to 308 Continental Building, Oklahoma City, Okla.

BOOK REVIEWS AND NOTICES

All new publications sent to the JOURNAL will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the JOURNAL to review as many of the works accepted as possible, the editors will be guided by the space available and the merit of respective publications. The acceptance of a book implies no obligation to review.

BOOK REVIEWS.

The Treatment of Syphilis. By H. Sheridan Baketel, A. M., M. D. The Macmillan Co., New York, 1920.

The book could well have been called "The Treatment of Syphilis with Arsphenamine," as at least two-thirds of its contents are devoted to the different phases of this form of treatment. Considered as such, it is both an interesting and instructive work, as it gives a complete history of the new arsenicals and careful directions for their use. The title seems to the reviewer too comprehensive as so little space is allowed to the other two of the generally recognized triad for the treatment of syphilis. Making due allowance for personal preferences, the state of our knowledge today does not justify the scant recognition allowed to mercury and iodin.

A few slips should be corrected in a future edition, such as the reference to "a renal nephritis," and the author's enthusiasm for arsphenamine might be restrained sufficiently to permit the withdrawal of the statement, in reference to the administration of thirty grains a

day of iodid of potassium, "there is no more advantage of putting this amount into the patient's stomach than into his shoe." No doubt much larger doses are useful and often necessary, but too many of us have seen the effect of the amount mentioned to be able to let the assertion pass unchallenged. It is all right to be enthusiastic about new friends, but we need not break with the old. C. C.

Sexual Impotence. By Victor G. Vecki, M. D. W. B. Saunders Co., Philadelphia and London, 1920.

Having reviewed previous editions of this little book, upon which we look with much favor, we can only repeat our commendations and call attention to the significant sign of its appreciation by the medical profession—the fact of this being its sixth edition. If we wanted to pick flaws at this late date, we might venture to suggest that a rearrangement in the nature of simplification of the forms or classes of impotence would be an improvement.

Taken all in all, however, the volume is so full of meat and displays so advantageously the experience and good sense of its author that it is a pleasure to re-read it and to recommend it to those who have not yet enjoyed it. C. C.

PUBLICATIONS RECEIVED

WILLIAM WOOD & CO., New York.

Cunningham's Manual of Practical Anatomy, Seventh edition, Vol. 3, Head & Neck, Revised and edited by Arthur Robinson.

W. B. SAUNDERS COMPANY, Philadelphia & London.

Surgical Clinics of Chicago, Vol. 4, No. 4, August, 1920.

WASHINGTON GOVERNMENT PRINTING OFFICE, Washington, D. C.

Manual for the Various Agents of the United States Interdepartmental Social Hygiene Board.

U. S. Department of Agriculture, Service and Regulatory Announcements. Supplement. Notices of Judgment Under the Food and Drugs Act. August 31, September 3, 13, 24.

Public Health Reports, Volume 34, Part 2, Numbers 27-52, July-December, 1919.

Public Health Reports, Volume 35, Nos. 35, 36, 37, 38, 39.

MISCELLANEOUS.

Massage and Exercises Combined, by Albrecht Jensen. Brooks & Porter, New York.

Vaccination in the Tropics, by W. G. King, C. I. E. Tropical Diseases Bureau, London.

English Atrocities in Ireland, by Katherine Hughes.

Twenty-ninth and Thirtieth Annual Reports of the Eye, Ear, Nose and Throat Hospital of New Orleans.

REPRINTS.

On the Treatment of Some of the Forms of Cardiac Failure, by Lewellys F. Barker, M. D.

MORTUARY REPORT OF NEW ORLEANS.

Computed from the Monthly Report of the Board of Health of the City of New Orleans, for August, 1920.

CAUSE.	White.	Colored.	Total.
Typhoid Fever	5	2	7
Intermittent Fever (Malarial Cachexia)			
Smallpox	2	1	3
Measles	1		1
Scarlet Fever			
Whooping Cough			
Diphtheria and Croup	1	1	2
Influenza			
Cholera Nostras			
Pyemia and Septicemia	1		1
Tuberculosis	31	27	58
Cancer	21	9	30
Rheumatism and Gout			
Diabetes	7		7
Alcoholism	1		1
Encephalitis and Meningitis	3	1	4
Locomotor Ataxia			
Congestion, Hemorrhage and Softening of Brain	20	8	28
Paralysis	1		1
Convulsions of Infancy	2		2
Other Diseases of Infancy	9	4	13
Tetanus		1	1
Other Nervous Diseases	5	1	6
Heart Diseases	44	20	64
Bronchitis	2	3	5
Pneumonia and Broncho-Pneumonia	9	11	20
Other Respiratory Diseases		2	2
Ulcer of Stomach			
Other Diseases of the Stomach	2	2	4
Diarrhea, Dysentery and Enteritis	9	8	17
Hernia, Intestinal Obstruction	16	2	8
Cirrhosis of Liver			
Other Diseases of the Liver	3	1	4
Simple Peritonitis			
Appendicitis	7	3	10
Bright's Disease	14	8	22
Other Genito-Urinary Diseases	11	15	20
Puerperal Diseases	9	4	23
Senile Debility	2	1	3
Suicide	4		4
Injuries	30	12	42
All Other Causes	21	20	41
TOTAL	293	167	460

City of New Orleans, for September, 1920.
Still-born Children—White, 25; colored, 25; total, 50.
Population of City (estimated)—White, 290,000; colored, 110,000;
Death Rate per 1000 per annum for Month—White, 12.13; colored,

18.22; total, 13.80. Non-residents excluded, 11.40:

METEOROLOGIC SUMMARY (U. S. Weather Bureau).

Mean atmospheric pressure..... 29.96
Mean temperature. 82
otal precipitation. . . . . 6.47 inches
Prevailing direction of wind, southwest.

THE RED CROSS OF PEACE

I AM the Red Cross of Peace; the outgrowth of war's travail; a re-awakening to the interests of a nation. Consecrated to the needs of humanity and inspired by the love of man for his fellow, I go forth to help the unfortunate, to make strong the weak, to teach the gospel of clean living and well being.

I GIVE aid to the needy and help them lift themselves up out of adversity. I welcome into my house those who are heavy laden, and give them rest. I lave the wounds to men's souls.

I AM a refuge from fire, and flood, and pestilence; a sheet anchor against the tempest of calamity. The love of little children is mine, that they may grow to the full fruit of manhood and womanhood. My interest is in the welfare of the community. I ease the way of the cripple. I am compassionate of the aged. My exultation is in the strength of mankind. I teach. I lead. I serve.

I AM the Greatest Mother, brooding over the sons and daughters of men, that they may go forward, strong and well and happy, to the upbuilding of the Nation.

I AM the Red Cross of Peace.

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